

PLOT LOCATION AUTHORIZATION FORM

FORM MUST BE SUBMITTED WITH PAYMENT OF \$100.00 STAKING FEE

Type of Flagging: Funeral Marker/Monument Other _____

Name of Deceased: _____ Plot Location: Sec ____ Block ____ Lot ____ Plot ____

Date of Internment: ____ / ____ / ____ Date of Birth: ____ / ____ / ____ Date of Death: ____ / ____ / ____

Funeral Home/Monument Company Name: _____ Phone: _____

Address: _____ Email: _____

Funeral Time: _____: _____ A/P Location: _____

Marker/Monument Type: Single Double Footer Other _____

Owner of Plot: _____ Phone: _____

Address: _____

Authorized Representative must be present with City Staff to verify marking location. Please call us at 405-281-6859 or 405-390-8198 three days prior to schedule the appointment to ensure staff is available to meet your needs; appointments are available 8:00am to 3:00pm, Monday-Friday, except Holidays. Staking fee must be paid prior to appointment time and date, and no later than Noon the business day prior to the date of need.

Authorized Representative Name: _____ Phone: _____

Relationship to deceased: _____ (if not plot owner or next of kin, please sign below)

I, _____, as owner of the plot &/or next of kin to the deceased,
(name)

authorize the above named representative to verify plot location on my behalf.

Signed: _____ **Date:** _____

Requested Date/Time for marking appointment: Date: ____ / ____ / ____ Time: _____: _____ A/P

Flag Verification (completed at the Cemetery): Date: ____ / ____ / ____ Time: _____: _____ A/P

Employee Signature: _____ **Name:** _____

Authorized Representative Signature: _____

Staff Use Only:

Location of Cremains: East (Head) West (Foot) Center

Employee Notes/Issues: _____

Date Paid: _____ Payment Method: Cash Check # _____ Credit _____ RN# _____

Location verified with office records: (employee signature) _____